

**ISSUE SLIP STAPLE AREA (for additional cross references)**

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	KTH	20591	6/12/00
O.I.P.E. CLASSIFIER		49	6/20/00
FORMALITY REVIEW	MA	JC.G40	07/31/00
RESPONSE FORMALITY REVIEW			

## **INDEX OF CLAIMS**

✓ .....	Rejected	N .....	Non-elected
= .....	Allowed	I .....	Interference
— (Through numeral)...	Canceled	A .....	Appeal
÷ .....	Restricted	O .....	Objected

Claim	Date
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Claim	Date	
Final Original		
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If more than 150 claims or 10 actions  
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